

QUALITY ASSESSMENT AND IMPROVEMENT

Preamble

The monitoring and evaluation activities in this chapter identify how a health care organization assess and improves the quality of care provided to individuals served. The 1991 standards have been revised to further assist health care organizations in performing these activities effectively. The revisions shift the focus and further clarify certain processes in monitoring and evaluation. The revised standards are based on the following principles:

- A health care organization can improve the quality of care and services-that is, increase the probability of desired outcomes, including satisfaction of individuals served-by assessing and improving those governance, managerial, clinical, and support processes that most affect outcomes of care;
- Some of these processes are carried out by clinicians, some by governing body members, some by managers and some by support personnel; some are carried out jointly by more than one of these groups.
- Whether carried out by one or more groups, the processes must be coordinated and integrated; this coordination and integration requires the attention of the managerial and clinical leaders of the organization; and
- Most governance, managerial, clinical, and support staff are both motivated and competent to carry out the processes well. Therefore, the opportunities to improve the processes-and, thus, improve outcomes of care-arise much more frequently than mistakes and errors. Consequently, without shirking its responsibility to address serious problems involving deficits in knowledge or skill, the organization's principal goal should be to help everyone improve the processes in which he/she is involved.

These principles lead to a continuous improvement in quality. For mental health organizations, a natural next step in the steady progression of approaches from implicit review by peers to audits, to systematic quality assurance, is to continuous improvement.

Having begun in 1992, and progressing over the next few years, the Joint Commission is incrementally revising the standards on quality assessment and improvement to help health care organizations use their current commitment, resources and approaches to improving quality of care to individuals served more effectively and efficiently. The revisions in the Manual are designed to encourage organizations to evaluate their current activities in light of the above principles and to assist those organization that are already moving toward quality improvement on a continuous and systematic basis. In subsequent manuals, the standards revisions will begin to establish core expectations for all health care organizations in this progression to continuous improvement.

The revisions in the monitoring and evaluation standards are intended to shift some emphases of the previous standards in order to help many health care organizations avoid those common

weaknesses in the current practice of quality assurance that can inhibit the development of the processes that continuously improve quality. These common weaknesses include:

- frequent focus on only the clinical aspects of care, rather than the full series of interrelated governance, managerial, and support, as well as clinical, processes that affect individual outcomes of care;
- a frequent compartmentalization of quality assessment and improvement activities in accordance with organizational structure (such as by program, by discipline), rather than organizing quality improvement activities around the flow of care, in which the interrelated processes are often cross-disciplinary and cross-program;
- a frequent focus only on the performance of individuals, especially on problem performance, rather than on how well the processes in which they participate are performed, how well the processes are coordinated and integrated (such as the “handoffs”), and how the processes can be improved;
- frequently initiating action only when a problem is identified, rather than also trying to find better ways to carry out processes; and
- separating the appropriateness (“Was the right thing done?”) and effectiveness (“Was it done right?”) or care from the efficiency of care, rather than integrating efforts to improve outcomes of care with those to improve efficiency (for example, improving value).

In addition, because of its frequent focus on individual performance-especially problem performance-many health care professionals view current quality assessment practice as having a negative persona. This can interfere with their instinct to pursue lifelong self-assessment and constant personal growth.

The changes in the standard are designed to facilitate a shift in the emphases of quality assessment and improvement activities away from a frequently program-specific and discipline-specific, usually direct care focused, and individual and problem-oriented approach, to an approach that reflects the principles described above-an approach that will better harness the professional instinct for continual improvement.

QA.1

An ongoing quality assessment and improvement program exists to objectively and systematically monitor and evaluate the quality of care provided to individuals served, pursue opportunities to improve care, and correct identified problems.

QA.2

The governing body strives to improve the quality of care provided to individuals served by requiring and supporting the establishment and maintenance of an effective organization wide quality assessment and improvement program.

QA.3

The organization's leaders set expectations, develop plans, and implement procedures to assess and improve the quality or the organization's governance, managerial, clinical, and support processes.

QA.3.1 The leaders, as defined or identified by the organization, undertake education concerning the approaches and methods of quality improvement.

QA.3.2 The leaders set priorities for organization wide quality improvement activities that are designed to improve outcomes of care.

QA.3.3 The leaders allocate adequate resources for assessment and improvement of the organization's governance, managerial, clinical, and support processes through:

QA.3.3.1 assigning personnel, as needed, to participate in quality improvement activities;

QA.3.3.2 providing adequate time for personnel to participate in quality improvement activities;

QA.3.3.3 information systems and appropriate data management processes to facilitate the collection, management, and analysis of data needed for quality improvement.

QA.3.4 The leaders assure that all staff are informed about the individual staff, as appropriate, are educated in assessing and improving the processes that contribute to improved outcomes of care.

QA.3.5 The leaders individually and jointly develop and participate in mechanisms to foster communication among individuals and among components of the organization and to coordinate internal activities.

QA.3.6 The leaders analyze and evaluate the effectiveness of their contributions to improving quality.

QA.4

Professional and administrative staffs monitor and evaluate the quality of care to individuals served and clinical performance, resolve identified problems, and report information to the governing body to assist it in fulfilling its responsibility for the quality of care for individuals served.

QA.5

Written plan exists for the quality assessment and improvement program that describes the program's objectives, organization, scope, and mechanisms for overseeing the effectiveness of monitoring evaluation, and problem-solving activities.

QA.6

The scope of the quality assessment and improvement program includes at least the activities listed in QA.6.11 through QA.6.4.4 and described in other chapters of the Manual.

QA.6.1 Individual and aggregate review of care services exist through professional staff review mechanisms, including:

QA.6.1.1 evaluation of the use of special treatment procedures (refer to “Special Treatment Procedures” chapter, SC.1 through SC.4.3);

QA.6.1.2 review of the use or unusual or experimental drugs (refer to “Special Treatment Procedures” chapter SC.5 through SC.5.3.4 and SC.7 through SC.7.2.3.1);

QA.6.1.3 medication usage review, including the review of medication records, adverse reactions, and medication errors (refer to “Pharmacy Services” chapter, PH.20 through PH.22); and

QA.6.1.4 review of care incidents (refer to “Plan, Technology, and Safety Management” chapter, PL.1.3.1 through PL.1.3.1.4).

QA.6.2 The quality of care provided to individuals served in the physical health services as well as the nutrition, emergency, pathology, pharmacy, radiology, and rehabilitation services (activity services, education services; speech language, and hearing services; and vocational rehabilitation services) are monitored and evaluated.

QA.6.3 The quality of care of individuals served and the clinical performance of all individuals with clinical privileges are monitored and evaluated through:

QA.6.3.1 meetings of all clinical services, departments, units, or teams to consider findings from ongoing monitoring care of individuals served;

QA.6.3.2 clinical supervision of aspects of monitoring care of individuals served;

QA.6.3.3 evaluation of care of individuals served; and

QA.6.3.4 professional staff review by peers

QA.6.4 The following organizationwide functions are reviewed:

QA.6.4.1 infection control;

QA.6.4.2 utilization review;

QA.6.4.3 maintenance of the quality and content of clinical records; and

QA.6.4.4 accidents, injuries, safety of individuals served, and safety hazards.

QA.6.5 The quality of care provided and clinical performance of those individuals who do not have clinical privileges are monitored and evaluated through the mechanisms described in QA.6.1 through QA.6.4.4.

QA.6.6 Relevant findings from the quality assessment and improvement activities described in QA.6.1 through QA.6.4.4:

QA.6.6.1 are used primarily to study and improve processes that affect outcomes of care; and

QA.6.6.2 if relevant to the performance of an individual, are used as a component of the evaluation of individual capabilities.

QA.7

Monitoring and evaluation activities, including those described in QA.6 through QA.6.6.2, reflect the activities described in QA.7.1 through QA.7.1.8.

QA.7.1 A planned, systematic, and ongoing process exists for monitoring, evaluating, and improving the quality of care provided to individuals served, and of key governance, managerial, and support activities, that has the characteristics described in QA.7.1.1 through QA.7.1.8.

QA.7.1.1 The aspects of care that are most important to the health and safety of the individual served are identified.

QA.7.1.1.1 These importance aspect of care:

QA.7.1.1.1.1 occur frequently or affect large numbers of individuals served;

QA.7.1.1.1.2 place individuals served at risk of serious consequences or of deprivation of substantial benefit if the care is:

QA.7.1.1.1.2.1 not provided correctly,

QA.7.1.1.1.2.2 not provided when it is indicated, or

QA.7.1.1.1.2.3 provided when it is not indicated;

QA.7.1.1.1.3 tend to produce problems for individuals served or for staff;
and

QA.7.1.1.1.4 include treatment provided to each age and disability group.

QA.7.1.2 Indicators are identified to monitor the quality and appropriateness of the important aspects of care.

QA.7.1.2.1 The indicators are related to the quality or appropriateness of care and may include clinical criteria (sometimes call “standards of care or practice”).

QA.7.1.2.1.1 These indicators are

QA.7.1.2.1.1.1 objective;

QA.7.1.2.1.1.2 measurable; and

QA.7.1.2.1.1.3 based on current knowledge and clinical experience.

QA.7.1.3 Data are collected for each indicator.

QA.7.1.3.1 The frequency of data collection for each indicator and the sampling of events or activities are related to

QA.7.1.3.1.1 the frequency of the event or activity monitored;

QA.7.1.3.1.2 the significance of the event or activity monitored; and

QA.7.1.3.1.3 the extent to which the importance aspect of care monitored by the indicator has been demonstrated to be problem-free.

QA.7.1.4 The data collected for each indicator are organized in a manner that identifies situations in which a more detailed evaluation of the quality and appropriateness of care is needed.

QA.7.1.4.1 Such evaluations are prompted, at a minimum, by

QA.7.1.4.1.1 important single clinical events; or

QA.7.1.4.1.2 levels or patterns/trends in care or outcomes that do not meet predetermined levels and/or patterns/trends (thresholds for evaluation).

QA.7.1.5.2 Such evaluations may also be initiated when a desire exists to improve overall performance, whether or not the aspect of care was being monitored.

QA.7.1.5 The evaluation of an important aspect of care includes

QA.7.1.5.1 analysis of patterns/trends in the cumulative data;

QA.7.1.5.2 identification of problems in or opportunities to improve the quality or appropriateness of care; and

QA.7.1.5.3 review by peers when analysis of an individual practitioner's care is undertaken.

QA.7.1.6 When an important problem in or opportunity to improve the quality or appropriateness of care is identified, action is taken to correct the problem or to improve the care.

QA.7.1.6.1 The action taken may be the testing of a strategy for improvement on a limited basis before full implementation (if appropriate), or the immediate implementation of the strategy in all programs to which it may be applicable.

Q.A. 7.1.6.2 When indicated, supervision and consultation are given by the professional staff to the service provider.

Q.A. 7.1.6.3 The effectiveness of the action taken is assessed through initiating or, or ongoing, monitoring of care.

Q.A.7.1.7 The findings, conclusions, recommendations, action taken, and results of the actions taken are:

Q.A. 7.1.7.1 documented; and

Q.A. 7.1.7.2 reported through established channels.

Q.A. 7.1.8 The effectiveness of the monitoring and evaluation process is assessed annually during evaluation of the organization's quality assessment and improvement program.

Q.A. 8

The administration and coordination of the organization's overall quality assessment and improvement program are designed to assure that the activities described in QA.7.1 through QA.7.1.8 are undertaken.

QA.8.1 Each of the monitoring and evaluation activities outlined in QA.6 through QA.6.4.4 are performed appropriately and effectively.

QA.8.2 Necessary information is communicated among programs and/or professional disciplines when opportunities to improve care to the individuals served or to correct problems in care provided involve more than one program and/or professional discipline.

QA.8.3 The status of identified problems is tracked to assure improvement or resolution.

QA.8.4 Information from programs and the findings of discrete quality assessment and improvement activities are used to detect trends, performance patterns, or potential problems that affect more than one program.

QA.8.5 The objectives, scope, organization, and effectiveness of the quality assessment and improvement program are evaluated at least annually and revised as necessary.